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Bib Data Sheet

CONFIRMATION NO. 9685

<b>SERIAL NUMBER</b> 09/683,836	<b>FILING DATE</b> 02/21/2002 <b>RULE</b>	<b>CLASS</b> 438	<b>GROUP ART UNIT</b> 2812	<b>ATTORNEY DOCKET NO.</b> BUR920010049
<b>APPLICANTS</b> James A. Bruce, Williston, VT; Orest Bula, Shelburne, VT; Edward W. Conrad, Jeffersonville, VT; William C. Leipold, Enosburg Falls, VT; Michael S. Hibbs, Westford, VT; Joshua J. Krueger, Burlington, VT;				
<b>** CONTINUING DATA *****</b> <i>more JS</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>more JS</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/01/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and <i>JS</i> Acknowledged <i>John D. Krueger</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> VT	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 35
				<b>INDEPENDENT CLAIMS</b> 7
<b>ADDRESS</b> 29625				
<b>TITLE</b> Mask defect analysis system				
<b>FILING FEE RECEIVED</b> 1346	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	